



**2010 – 2015**

**STRATEGIC PLAN**

An Accountability Framework Document



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2010 - 2015  
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## **STRATEGIC PLANNING A REVIEW OF OUR PROCESS 2009 – 2010**

The Board of Directors of Mental Health Support Network South East Ontario formally commenced a Strategic Planning process in early October 2009. It was the Board's initial intention to complete the process by mid November 2009, however the process was extended into 2010 with an outcome deadline of September 2010. It was important that the strategic planning not be completed in a vacuum, however the entire process was governed by the Leadership of the organization and therefore the Board assumed the Strategic Planning responsibility for overseeing the process. It was imperative that the Board of MHSNSEO was fully and completely committed to the process given that there was a significant time commitment from them throughout the process.

MHSNSEO has had considerable change and growth throughout the past couple of years and while significant care was exercised by the Board during this period of change, it was timely and essential to work towards a written strategy to ensure future success and to guide the agency throughout the next three to five years.

The critical feature of a well-designed strategic planning process is to blast through the fog and find a shared sense of clarity, focus and direction. While we know what the vision is at the end of the strategic planning journey, often it isn't getting to that destination but rather moving through the process that strengthens an organization, it's Board, staff, consumers and stakeholders. If completed wisely, the process will greatly enhance the end product and it's implementation. Going slow, will result in a solid organization that has a true sense of direction.

Strategic planning is cyclical. It isn't a beginning and end point, but rather a continuous process. That doesn't mean that a plan is not generated at some point. It just means that it is a **"living"** document and like something living, it continually evolves and changes depending on the environment and extraneous factors that will influence aspects of the strategic plan.

The first few months of the strategic planning process focused on gathering information. It was very timely that MHSNSEO entered into this phase of development (strategic plan) at this time in the organizations life. This is almost like a new agency. As the Executive Director, I was very new to the area as well as the agency, the Board was in the process of bringing in new Board members, the staff were relatively new, and the geographical area had expanded (so there was significant growth in that area alone). So it was a perfect time to work through the strategic planning process.

The different constituencies and stakeholders each had their own legitimate concerns along with their own perspectives, issues, and ideas. Our process ensured that we built on what we had and that by seeking information in a mutual learning capacity we would generate the necessary level of commitment needed for the implementation of the actual strategic plan. Our process engaged many stakeholders recognizing and incorporating their identified issues, concerns, ideas, and features.

The process was open, transparent and communicated throughout the course of development. Communication is the cornerstone to inclusiveness. Our process was one of communicative in nature, which relied on giving and receiving information. We regularly provide updates through our internal bulletin about where we were in the process. Ultimately we generated a public document that will be cascaded to the various constituents in a protocol that is respectful to the stakeholder level of engagement with the organization. The approved and printed strategic plan will be provided to our staff, consumers, and community, in that order.

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The initial communication informed our stakeholders through our agency newsletter and internal bulletin that the Board was engaging in the process of strategic planning.

A transparent process did generate inclusion. This did not mean that we needed to engage every consumer and every community stakeholder, however we extended the invitation to participate and limit the group size(s), and this released their thoughts, ideas, issues, concerns as well as produced energy, enthusiasm and ownership throughout the organization. What we wanted our process to avoid is a sense of disenfranchisement, frustration and lack of ownership and commitment to the end product of the strategic plan itself. Of course we needed to ensure that while we wanted to harvest input from all stakeholders, the governing Board ultimately exercises their responsibility in the decision-making process of the strategic plan.

We encouraged as much participation as possible however it has been a challenge to generate sufficient feedback throughout the process. The contingency plan we deployed was to formulate small stakeholder groups for the direct purpose of harvesting feedback. The process also included measuring the amount of feedback, what was its' form, and from what geographical area, etc. This information has also been enveloped into the overall final strategic planning document.

It was imperative that throughout the process, those included had a sense of ownership and thus were willing to hold themselves and each other accountable to the strategic outcomes. It was critical that once the strategic planning process was initiated, that it continued on the planned path of trajectory. It was the responsibility of the Leadership Team to ensure that the strategic planning process was adhered to and that all of the agreed upon processes were followed.

MHSNSEO believes in the culture of strategic planning and not solely in the plan itself but more importantly in the process. This is a signal of a truly healthy organization and of solid governance, leadership and management that will be a testimony to a true Consumer/Survivor Initiative.

## PROCESS

As indicated above, there are a few parallel components to the process.

1. Stakeholder Survey/Invitation to Engage – This was absolutely critical. We needed all of the necessary information from the various people and groups in order to formulate plans.
  - **Team Leaders/Peer Supporters** – Donald, Nancy, Deborah, Elizabeth, Kelly, Barbara, Ed, Nadine, Jeff, Kaitlyn, Selina, Bruce, Karen, Bonnie, Melissa, Lynn, Robbie, Cindy, Kelly, Whitney, Loretta, Liz, Gary, Karen, Andrew, Sonya, Donna
  - **Area Site Coordinators/Coordinating Centre** – Jacquie, Michelle, Matt, Jessica, Phil
  - **Consumers** – Madoc, Picton, Trenton, Belleville, Kingston, Napanee, Bancroft
  - **MHSNSEO Board of Directors** – Selma Bochnek, Rev. Ed Bentley, Carol Wannamaker, Mabel McLellan, Shelly Hagggar, Sheri Meeks, Pat Gray, Cathy Martin, Carol Mieras
2. Board Engagement – Time set aside at specific junctures for the Board to discuss issues critically relevant to the end product of strategic planning. Specifically to really have fulsome discussions about vision, values, purpose. It was extremely important to invite all Board members to be part of these discussions and dialogue. The strategic plan is a key accountability document and therefore the governance/leadership of MHSNSEO all needed to be present and have the opportunity to participate in such significant issues as outlined above.

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## STRATEGIC PLANNING PROCESS

Bringing the Present and Future Together

Once we had generated the flow of information, we began pulling it all together. An exercise of distilling the information into common themes, identifying what are solid future organizational strategic direction materials. One method of ensuring that the information was not lost was to create a “mind map”. Mind mapping in a strategic planning process, maps out the internal and external trends that have been identified through the various survey, feedback, and evaluation methods previously completed.

The Mind Map not only described our own organizational trends but it also illustrated all of the global trends, issues, and impacts that have a bearing on our network. The core, or centre, of the mind map identifies the overall strategy of the organization, and very often its’ Core Purpose. The tributaries or lines that extend from them are the trends such as “increasing numbers of consumers accessing community services”. It is a great way to illustrate to the stakeholders that their input was not lost and that it actually formed the basis of the strategic plans final version. For the purpose of our strategic plan we collated the data retrieved from the story telling workshops, distilled them into common themes and plotted them on our mind map. The mind map was then used to validate the trends and to assign a priority status to the trend or item.

### From Map to **Strategy**

Next steps involved taking the issues, trends, themes and sifting through to what was actual/relevant strategic planning material. Once the material had been identified, we moved to drafting a strategic planning document that identified outcomes and actions. The Board met to review, discuss, deliberate, and suggested revisions of the draft document prior to the agreed upon deadline of September 2010.

One of the very important aspects to engage in as part of the strategic planning process was a review of our mission, vision and values statements.

The cultivation, germination and nurturing of a strategic plan is not a one-time process, nor is it something to engage in alone. MHSNSEO chose to use an external facilitator for the purpose of maintaining objectivity and continuity at specific junctures of the process.

MHSNSEO also included a modified version of Future Search Technology, which is a process where participants create a shared vision of the future. It attempts to bring together those having the power to make decisions with those affected by the decisions to try and agree on a plan of action. The future search technology can also be used to focus on the future of an organization, a network of people or a community. Participants are encouraged to explore the past, present and future then make action plans based on common ground.

Future search technology helps a group of people to develop a series of options for the future, and agree on a plan of action, which, because participants include those with the power to make it happen as well as those who will be affected, should be able to be implemented.

Future search technology will develop a feasible (strategic) plan which incorporates the needs and wishes of those affected as well as those of the decision making governing body. Such a plan should allow a community organization to reach the preferred future vision. It is useful in identifying issues and it assists in identifying key or priority issues. It guides an agency on how the participation process should functionally operate and on who to involve in the participation process, gaining support for ongoing involvement. It empowers individuals to become better informed, and better able to express their opinions. It is extremely useful when participation of large groups is desirable and an open forum is sought. It does require the engagement of at least one experienced facilitator to be successful, however for the best results, two future search facilitators would be preferred.

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## MHSNSEO's CORE VALUES

### *Adaptable*

We remain **ADAPTABLE** by:

- Appreciating the need to be flexible in all that we do.
- Being inclusive and reaping the benefits of diversity.
- Recognizing the inherent worth of each individual and creating an environment in which each one's gifts and experiences are valued and where they may be freely and honestly shared

### *Connecting*

We strive to **CONNECT** with people by:

- Being non-judgemental
- Encouraging everyone to just be who they are
- Meeting people where they are at

### *Empowerment*

We **EMPOWER** one another by:

- Insisting that support is defined by the individual
- Being models for others in all that we do
- Respecting the right of each individual to choose his/her own path to wellness

### *Community*

We build strong **COMMUNITIES** by:

- Providing Peer Support and Staff Support to each other
- Cultivating a true sense of team and community
- Being Compassionate

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## MHSNSEO's CORE PURPOSE

*“to be with people who are living with mental health challenges and to support them in being as well as they can be.”*

## MHSNSEO's Strategic Priority GOALS 2010 - 2015

Our strategic plan recognizes the shifts happening in our world including economics, politics, social influences, the environment and technology. As we strive to be with people who are living with mental health challenges and support them in being as well as they can be, MHSNSEO will be focusing on two significant and overarching goals through the next five years.

- 1. Increasing awareness of mental health and the organization's approach using a consumer survivor recovery model*
- 2. Improving accessibility both across our South East Region and to the population in need of our network peer support.*

Through the strategic process we identified several key strategic objectives in relation to the above aforementioned goals to work towards shaping our network and the communities we serve. These goals and objectives will work to strengthen our core values and purpose and will support us to build a dynamic future toward our vision.

## MHSNSEO's Strategic VISION Statement

**“by 2015 people with mental health challenges in south east Ontario and their family members will have access to comprehensive, integrated, and evidence-based peer support network that is directed toward improving the person's quality of life as defined by the individual.”**

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## MHSNSEO's Strategic **OBJECTIVES** and **STRATEGIES** 2010 – 2015

### **GOAL # 1: *Increasing the awareness of mental health and our organization's approach to using a consumer survivor recovery model***

**OBJECTIVE # 1: Awareness of Mental Illness— By 2015, MHSNSEO will have made a significant contribution to the promotion and understanding of mental illness and mental health and the desire for individuals to be Mentally Well.**

In the last decade, there is more awareness of mental health issues, meaning more visibility and more people seeking services (wellness and support).

**Strategy # 1:** *Identify* who specifically needs to have a greater awareness and understanding, what they need to be more aware of (or to better understand) and why, then to facilitate audience specific awareness' of mental illness. Example: Speaking to High School students about the affects substances have on their Mental Health.

**Strategy # 2:** *Provide* consistent literature through our monthly internal NetNews Bulletin and our quarterly external Newsletter through a large distribution list of agencies, organizations, companies, Dr.'s offices, programs, etc. Example: Distribute to Court Houses throughout the South East, Family Health Teams, Community Health Centres, community based organizations, etc.

**Strategy # 3:** *Facilitate* frequent articles or coverage within the various media such as newspapers, radio, etc, whereby positive promotion of mental illness and the effectiveness of a peer to peer network to people living with mental illness through a certified recovery model.

**Strategy # 4:** *Develop* a number of communication mediums that provide relevant and up to date information about who, where, what we do and how.. Such as web-site, brochures, conferences, information fairs, community committees and task forces.

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## **OBJECTIVE # 2: Geographic Scope—Urban and Rural**

**By 2015 MHSNSEO will be providing access to services throughout our geographic region, both urban and rural, while retaining autonomy and uniqueness within each community but simultaneously belonging to the larger organization.**

**Strategy # 1:** *Explore*, through our Network Lead Coordinator, the various wants and needs in the rural communities by visiting the communities and inviting purposeful dialogue from people living with mental health challenges.

**Strategy # 2:** *Determine* the most effective ways and means to accommodate the requests for peer to peer support.

**Strategy # 3:** *Identify* partnerships within the south east that may be facilitative influences to assist MHSNSEO in offering a peer support network in specific communities.

**Strategy # 4:** *Analyze* key data, information, statistics, etc to determine the feasibility of offering our peer support network in new communities.

**Strategy # 5:** *Develop*, if warranted, a proposal, for submission to the SE LHIN for additional funding in order to implement a staff driven peer support network.

**Strategy # 6:** *Examine* the possibility for the recruitment, training and retention for a volunteer base of consumer peer supporters within the more rural communities.

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**GOAL # 2: *Improving accessibility both across our South East Region and across the population in need of our network peer support.***

**OBJECTIVE # 1: Environmental Stressors—Economic and Social stress**

**By 2015, MHSNSEO will respond to the increase in people acknowledging mental health challenges accessing the Support Centres as a result of the increase in economic and social stress, including the incorporation of increased needs of the youth.**

**Strategy # 1:** *Research* the affects of economic and social stress and the relationship to mental illness.

**Strategy # 2:** *Identify* potential opportunities within our network to offer mental health support to individuals who are experiencing challenges to their mental health due to either of the aforementioned issues.

**Strategy # 3:** *Develop*, if warranted, a workshop series for individuals who are experiencing mental health challenges due to economic and social stress.

**Strategy # 4:** *Meet* the school boards to discuss the mental health needs of youth and to *determine* what we may contribute as a peer support network to the youth population in south east Ontario.

**Strategy # 5:** *Facilitate* peer support through information technology.

**Strategy # 6:** *Partner* with other organizations who also share the same objective to offer support and programs to people experiencing mental health challenges as a result of the economic and social stress, including the youth population.

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**OBJECTIVE # 2: Shifting priorities and Accountability**—Increase in consumers and the expectation for quality peer support that is accessible

**By 2015, MHSNSEO will shift towards more measurement & evidence-based practices in an effort to demonstrate accountability and proof that peer support and the recovery model is an effective and affordable approach to community mental health.**

**Strategy # 1:** *Explore* Accreditation of MHSNSEO as a ways and means for the Board to *self-identify* and to legitimize our peer support network through meeting rigorous provincial standards.

**Strategy # 2:** *Engage* an Accreditation organization to begin the Accreditation process.

**Strategy # 3:** *Ensure* that all domains relevant to Accreditation are in place prior to MHSNSEO moving to validation of the standards. Example: Policies, Procedures and Practices are well articulated, approved, and enforced throughout the organization.

**Strategy # 4:** *Develop* an evidence-based practice to capture the necessary data in which to reinforce the peer support and recovery model as a vital and sustainable option to the community mental health and addictions continuum of health care.

**Strategy # 5:** *Implement* the Ontario Common Assessment of Needs self-assessment tool within all of our support centre as a ways and means of a) providing the tool in a safe and friendly environment, and b) to capture useable and pertinent data to support the effectiveness of a peer support/consumer/survivor organization.

**Strategy # 6:** *Collect* individual stories from peers who are accessing the Support Centres for the purpose of a) sharing their story across the network as inspirational, and b) submit as a living testimonial to the recovery model and process that we deploy.

**Strategy # 7:** *Design* a group of peer to peer advisors who will provide input into the evolving MHSNSEO network for the purpose of holding governance accountable through their evidential suggestions.

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**OBJECTIVE # 3: Demographics—Diversity of our South East population**

The population in some parts of our region are aging while other communities are experiencing increase in cultural diversity. This provides both opportunities (volunteers) as well as shifts in demand and skills

**By 2015, MHSNSEO will work to have a core group of peer support volunteers to provide outreach to the communities within the south east of Ontario.**

**Strategy # 1:** *Research* the demographic information that is available through the SE LHIN to *elevate* the understanding of diversity.

**Strategy # 2:** *Determine*, through a needs assessment of the various communities, the want and need for a consumer/survivor/peer support recovery option available in the community.

**Strategy # 3:** *Develop* a document that addresses the population diversity issue and what may be involved through a peer support network to assist in addressing the mental health needs in an efficient, effective, and affordable capacity.

**Strategy # 4:** *Explore* the possibility of *developing* a volunteer base of peer supporters who are specific to the demographic population. Example: Youth Peer support volunteers offering peer support to youth, Older Peer support volunteers offering per support to older peers, family peer supporters.

**Strategy # 5:** *Design* a training and development package with or through the assistance of the local college and/or other community based organizations that would be used to certify the volunteer base.

**Strategy # 6:** *Deliver* the training and development to the volunteers.

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**OBJECTIVE # 4: Deinstitutionalization**—will result in a shift of some responsibility of patient care from hospital to community settings.

Specific to some of our communities is the divesting of larger institutional programs and supports which shifts the responsibility of mental health to individual communities. This translates to potentially more individuals seeking support and also a shift from clinical support to CSI based support for the individuals.

**By 2015, MHSNSEO will be connected to the larger institutional, acute care system, in an effort to offer a smooth transition to the peer support recovery model.**

**Strategy # 1:** *Participate* with community service providers in the deinstitutionalizing process.

**Strategy # 2:** *Explore* the impact of pressure that the deinstitutionalization of individuals from a hospital environment to a community environment, will have on MHSNSEO.

**Strategy # 3:** *Advocate* on behalf of the proposed repatriated individuals if requested.

**Strategy # 4:** *Develop* operational strategies to ensure that there is access to an adequate peer support network available in the persons community to which they are being repatriated.

**Strategy # 5:** *Evaluate* the effectiveness, usage, and outcome of the deinstitutionalization process of recovery and adequacy of the appropriate level of clinical support for all consumers in the south east as a result of the closure of the mental health institutions.

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**OBJECTIVE # 5: Technology**— Integrating technology into the fabric of our network

Technology has a number of implications – the province’s commitment to high speed internet in rural communities will shift the expectation to use technology more in the agency’s daily operations. The increased use of social networks, decline of local media and what this may mean for exposure for MHSNSEO.

**By 2015, MHSNSEO will have integrated information technology into the practical application of peer support.**

**Strategy # 1:** *Inventory* our current technology

**Strategy # 2:** *Forecast* future technology wants and needs.

**Strategy # 3:** *Develop* an implementation plan that identifies replacing current technology as well as enhancing the technology, both hardware and software.

**Strategy # 4:** *Access* the funding envelope through the OCAN initiative to offset a significant component to strategy # 3.

**Strategy # 5:** *Implement* the above four strategies in order to offer peer support through technological means.

**Strategy # 6:** *Determine* the feasibility of offering an MHSNSEO peer support “social networking” site whereby rural individuals are able to join a Support Centre via skype or another form of video attendance.

**Strategy # 7:** *Examine* the availability of internet access within the south east as well as the availability to the consumers themselves. Explanation: There may be some consumers who may not be able to afford or have access to a computer and/or internet connection.

**Strategy # 8:** *Explore* other information technology that will assist and support MHSNSEO to deliver peer support recovery across the south east in an affordable and effective manner.

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# **BUSINESS PLAN**

## **Mental Health Support Network South East Ontario**

### **Purpose of Business Plan**

The primary purpose of establishing a Business Plan is based on our peer support model of recovery and providing a friendly and compassionate network of experienced consumers within the South East of Ontario to connect with people living with a mental illness to let them know that there are support centres and consumers within the various communities of south east Ontario that are there to help. The following provides background regarding history of mental health restructuring as well as integral information regarding MHSNSEO, their Core Purpose, Core Values, Strategic Vision, Goals, and Objectives based on the Wellness Recovery Action Planning.

### **Background & Overview**

The Mental Health Support Network was formed by the Ministry of Health in 2001 as a part of community Mental Health restructuring. This organization was originally designed to be the umbrella organization for consumer/survivor initiatives in Hastings and Prince Edward Counties. The drop-in centres that had operated throughout the counties under the former Quinte Homes, as well as Club Freedom, a clubhouse operated in Belleville under the former Community Mental Health Program, were both incorporated into this new agency. In April 2008 MHSNHPE expanded to include the city of Kingston and the counties of Frontenac and Lennox and Addington.

The deinstitutionalization of people with Serious Mental Illness (SMI) has been a priority of the Ontario Ministry of Health & Long Term Care since the 1960's. Successful integration of people with SMI into communities has been a very difficult endeavour, but Peer Support programs and Consumer Survivor Initiatives (CSI) have been shown to make a considerable difference in facilitating this integration and encouraging the Hope of Recovery.

### **History**

The theory and concepts related to delivering services to Consumers/Survivors of the Mental Health System have changed dramatically since the 19<sup>th</sup> Century when a system of Provincial Psychiatric Hospitals was set up to “rehabilitate” people by separating them from their Communities. In particular there has been a fundamental paradigm shift over time from isolation to integration. However, previous attempts at integration have been less than successful in particular the De-institutional movement of the late 1960's and 70's. Over the years the “doing to” model of providing treatment or service has been replaced by a more collaborative model of a continuum of services to better support people with mental illness, improve their level of independence and quality of life, and enable them to live successfully in their community:

- Case Management/Assertive Community Team
- Crisis Response/Emergency Services
- Housing
- Inpatient/Outpatient Care
- Family Self-Help
- Vocational/Educational Supports
- Policy
- Monitoring and Evaluation
- Governance
- Human Resources

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The elements that are identified as being key to successful Consumer/Survivor Support Initiatives are:

- Consumer Initiatives have diverse purposes such as mutual aid, skills training and economic development
- Consumer Initiatives are supported through funding, consumer leadership training, public education, professional training and evaluation

These concepts, which are fundamental to “Best Practices” around delivering mental health services, were articulated and strengthened in the “Putting People First” and the “Making It Happen” policy documents produced by the Ontario Ministry of Health. These were the first Policy Statements that clearly articulated the central role of the Consumer/Survivor in the Mental Health System and in their own Recovery Process.

“If a person believes they can recover, and someone is willing to assist and nurture that belief, the odds of recovery are very strong. Recovery is not only possible – it is getting popular.”(Queen St. Outreach Society). This is the fundamental message of the Recovery Model and places the Consumer at the centre of the system.

“The Time is Now”, the final report of the Provincial Forum of Mental Health Implementation Task Force Chairs, identified Peer Support as being “integral” to a Recovery-oriented Mental Health System. Peer Support and the provision of informal, non-clinically based services were identified as clear elements of that Recovery-Oriented System. One of the major benefits cited in the Champlain District Mental Health Implementation Task Force Report was that one of the primary roles of Peer Support is to “give hope”. This is a recurrent theme throughout the literature in terms of being the key factor in influencing a positive outcome in mental health care.

Peer Support is therefore a valuable and necessary component of an Integrated Mental Health System. Peer Support is a viable way to deliver service that makes a difference in the day to day quality of life for Consumer/Survivors.

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**DESCRIPTION OF MENTAL HEALTH SUPPORT NETWORK  
SOUTH EAST ONTARIO CORP.**

**Core Purpose: “to be with people living with a mental health challenge to support them in being as well as they can be.”**

**Core Values:**

We remain **ADAPTABLE** by:

- Appreciating the need to be flexible in all that we do.
- Being inclusive and reaping the benefits of diversity.
- Recognizing the inherent worth of each individual and creating an environment in which each one’s gifts and experiences are valued and where they may be freely and honestly shared

We strive to **CONNECT** with people by:

- Being non-judgemental
- Encouraging everyone to just be who they are
- Meeting people where they are at

We **EMPOWER** one another by:

- Insisting that support is defined by the individual
- Being models for others in all that we do
- Respecting the right of each individual to choose his/her own path to wellness

We build strong **COMMUNITY** by

- Providing Peer Support/Staff Support to each other
- Cultivating a true sense of team and communities
- Being Compassionate

**IT’S ALL ABOUT RECOVERY**

The mission of the network is to enhance the mental health and quality of life for those seeking recovery by providing supportive, nurturing, compassionate and engaging environments through peers, in order that help is extended for the person to believe in themselves

**Beliefs:**

We believe that everyone has unique strengths, gifts and abilities

We believe that recovery is possible for everyone

We believe that recovery is a life long process

We believe in the power of compassion and empathy

We believe in human connectedness

We believe in **HOPE**

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Our **GUIDING PRINCIPLES** are:

- To represent and respect consumer/survivor input.
- To be adaptable to the needs of the consumer/survivors and the communities within South East Ontario.
- To empower consumer/survivors in all levels of the organization.
- To facilitate the network of services based on South East Ontario Mental Health Implementation Task Force recommendations.
- To provide equal access to services.
- To operate in a transparent fashion.
- To represent the input of those who support consumer/survivors.

**For the purposes of this document, the term "Consumer" refers to a person 16 years of age or over, with a self-identified Mental Health Issue. Peer Support refers to an established program model in which consumers can be trained and employed as valued and effective counselors to their peers**

## **Governance**

Mental Health Support Network South East Ontario Corp is a charitable not for profit corporation that is governed by a volunteer Board of Directors that are representative of the various communities across south east Ontario. The corporation strives to recruit Directors with personal experiences with regard to mental health and/or addictions.

## **Administration**

MHSNSEO is administered from a Coordinating Centre in Belleville, Ontario through the leadership of an Executive Director who is supported by a Finance Manager, Executive Assistant, a Network Lead Coordinator and Support Centre Coordinators. The Coordinating Centre Team endeavours to maintain the least number of coordinating team members in an effort to ensure that the bulk of the funding is allocated to the Support Centres and Outreach initiatives.

## **Support Centres**

There are currently **eight** support centres to serve people living with mental health issues!

**Bancroft, Belleville, Brockville, Kingston, Madoc, Napanee, Picton, Trenton**

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MHSNSEO facilitates support based on a Recovery Oriented, Strength Based Model to consumers of the mental health system, and primarily to people with a Serious Mental Illness.

Each Support Centre offers support in conjunction with the unique character of the Communities. Support Centre Staff are local to the area and self identify as Peers, (Primary Recipients of Mental Health Services). The Centres facilitate self-directed programs which provide non-judgmental support, companionship, information and assistance to adults who self-identify as having a mental health issue in a safe, compassionate and friendly environment. We are funded by the Ministry of Health and Long Term Care through the South East Local Health Integration Network (SE LHIN). MHSNSEO works within a “Peer Recovery Practitioner” model where support is offered on a Consumer Directed basis focusing on full Citizenship and Community Membership. These supports include individualized plans which complement the Consumer’s involvement with the Case Management and Clinical Systems of the broader mental health service system.

### **PEER SUPPORT:**

Peer Support staff are people who have experienced mental illness and are in recovery. It flexes to accommodate the needs of the person receiving peer support and may include the following:

- Model self-care and recovery practices
- Listen and empathize with the experiences of others
- Mirror back behaviour and feelings
- Offer companionship and humour
- Advocate for others
- Mentoring
- Outreach to hospitals community agencies and professionals
- Promote and facilitate Consumer/Survivors as they reconnect to their community

The primary qualification of Peer Supporters is lived experience with mental illness and a commitment to **recovery** as well as receiving formal peer support certification training.

### **SOCIAL/RECREATIONAL OPPORTUNITIES:**

The Support Centres operated by MHSNSEO provide a natural setting in which social interaction can take place. Both planned and spontaneous activities that reflect the need and interests of the participants of the programs are available. MHSNSEO also facilitates the participation of consumer/survivors in community events which assists in the development of social relationships. Recreational opportunities are also available where those who are interested can participate within their chosen communities.

### **EMPLOYMENT SUPPORT:**

MHSNSEO seeks to facilitate positive employment experiences for consumer/survivors which allow opportunities for real work and competitive wages. These experiences have a potential to help participants toward a better future while enhancing their present circumstances, in accordance with their personal goals, objectives, talents, interests and skills.

In addition to posting opportunities that may exist either within MHSNSEO or within the area we serve, we facilitate resume building, job searching, and general employment support.

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## **EDUCATIONAL OPPORTUNITIES:**

Facilitating opportunities for participants to address their educational goals and interests is also available at each of the Support Centres of MHSNSEO. Ongoing assistance to access both outside educational opportunities, as well as take advantage of educational workshops and resources within the agency, is available.

## **RESOURCES/COMPUTER ACCESS:**

A comprehensive library of resources is available at all MSHNSEO Support Centres. The contents of the libraries focus on both issues related to mental health and other areas of importance to participants.

Computers utilizing current technology and equipped with internet access, are available for use at all MHSNSEO Support Centres.

## **DESCRIPTION OF THE RECOVERY MODEL**

“The recovery concept has gained increasing prominence among those delivering services to people with severe mental illness. Traditionally, recovery has been narrowly defined as an outcome occurring at a discrete point in time after an illness when one’s health is entirely regained. Beginning in the 1980’s, a new and broader definition of recovery began to emerge in mental health. In this expanded usage, recovery is a process representing the belief that all individuals, even those with severe psychiatric disabilities, can develop hope for the future, participate in meaningful activities, exercise self-determination, and live in a society without stigma and discrimination. The recovery orientation, thus defined, has been at the core of grass-roots social movement that envisions and advocates for major reform of the mental health service system. The recovery movement has grown considerably since its inception and the expanded recovery philosophy is now widely endorsed and promoted by many, including the National Alliance for the Mentally Ill (2003), several state mental health systems and, most recently, by the President’s New Freedom Commission on Mental Health (2003).”

(Resnick S, Fontana A, Lehman A, Rosenheck R, An empirical conceptualization of the recovery orientation, Schizophrenia Research 75 (2005), P. 119-128)

In essence the recovery model recognizes five stages of recovery

1. Moratorium: A time of withdrawal characterized by a profound sense of loss and hopelessness.
2. Awareness: Realization that all is not lost, and that a fulfilling life is possible
3. Preparation: Taking stock of strengths and weaknesses regarding recovery, and starting to work on developing recovery skills
4. Rebuilding: Actively working towards a positive identity, setting meaningful goals and taking control of one’s life
5. Growth: Living a full and meaningful life, characterized by self-management of the illness, resilience and a positive sense of self.

(Andresen R, Caputi P, Oades L, Stages of recovery instrument: development of a measure of recovery from serious mental illness. Journal compilation, The Royal Australian and New Zealand College of Psychiatrists, 2006 P. 973)

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One primary source of confusion in implementing a system based on the Recovery Model is over the common use of the term “Recovery” as both process and outcome. Another source of confusion is in the multi-faceted complexity of the Recovery concept. Resnick et. al. (ibid) have proposed four domains to serve as an approach to the conceptualization of the recovery orientation: the capacity to feel empowered in one’s life; self-perceptions of knowledge about mental illness and available treatments; satisfaction with quality of life; and hope and optimism for the future.

The evidence-based practice (EBP) movement, another influential movement in the mental health sector, provides a model that promotes treatments supported by clinical trials. However the EBP movement has been slow to contribute to, support, and evaluate the Recovery Movement model. This is unfortunate as EBP has the potential to assist mental health agencies and professionals cultivate a recovery orientation and assist clients achieve important goals that are critical to recovery such as participation in meaningful activity such as employment and education; access to stable and supportive housing, and access to an adequate social support network.

In the absence of an evidence-based practice recovery model, MHSNSEO has utilized a system of Community Capacity Building to evolve its own Recovery Model of Services to best meet the needs of its consumers. This Recovery Model is being developed and refined with the input and assistance of Staff, Consumers, Board Members, and community partner organizations, and is recognized as a leading model in Ontario.

Operating under the Recovery Model has a significant impact on Human Resources and Human Resource Policies in the organization. Essentially the Recovery Model encourages the flow of personnel from consumer of services to volunteer within the organization, and then on to one or more of Peer Support, Team Leader, Coordinator, Management or outside education and/or employment opportunities. This flow of people within and through the organization is an indicator of the Recovery Model in operation. The Recovery Model and the potential for consumers to move into paid peer support roles encourages Consumers to be involved in every aspect of the organization.

The WRAP, (Wellness Recovery Action Plan) has seemed to offer the best “fit” in terms of the MHSNSEO Core Purpose and Values and has been used in developing a staff of skilled Peer Supporters.

The WRAP model, developed by Mary Ellen Copeland and Sherry Mead, trains people to be WRAP Facilitators and Peer Supporters. WRAP also provides a “Train the Trainer” approach that allows those who are trained to, in turn, train colleagues and other partners in the WRAP model. Therefore, MHSNSEO has been able to internalize this competency within the Agency and is now able to train new and existing Staff on an ongoing basis, as well as provide training to mental health system colleagues and partners.

The WRAP training has enabled the standardization of the competencies of MHSNSEO’s Peer Support Staff in order to track and evaluate services. It allows MHSNSEO to more closely determine the likely quantitative and qualitative outcomes that can be expected for Consumer/Survivors when they are able to access an integrated mental health system. It also allows for an opportunity to standardize the Peer Support competencies within an integrated consumer support system across the Southeast LHIN area. With standardized competencies, Consumers can expect to receive the same kind of Peer Support regardless of where they seek service within the LHIN. We facilitate WRAP groups at each of our Support Centres throughout the year.

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## **VOLUNTEER PEER SUPPORT**

MHSNSEO will facilitate a Volunteer Peer Support Resource. It is anticipated that the new collaborative volunteer program would be beneficial to consumers who are interested in offering their skills, abilities, experience and time to either a particular individual or at one of our Support Centres. The integration of a Volunteer program with responsibilities for connecting consumers in a peer to peer relationship will greatly enhance the support network in an outreach capacity. Volunteers would be recruited (particularly from the consumer population), trained and then monitored through the Team Leaders and Support Centre Coordinators. The Support Centre Team Leader will provide the necessary training and orientation. The Volunteer Peer Supporter would also provide further opportunities for consumers, family members and others.

Implementing the Volunteer Peer Supporter Model within MHSNSEO requires ongoing capacity building in the organization to enable the personal and competency development of volunteers and consumers. This capacity building includes:

- Educational upgrading – Recovery Model
- Job/Volunteer specific skill development
- Peer support skills
- Communication skills
- Implementation and adherence to best practice human resources policies and practices